

Name
in
Full

Rudolph V. Abrams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bay View ^{town} County Carroll ^{County} **MARYLAND**

Date of death 1908 ^{Month} Dec ^{Day} 1 ^{Years} 6 ^{Months} 6 ^{Days} 1

Sex Male Color or Race White Birth-place Bay View

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry E. Abrams Father's Birthplace Bay View

Mother's Maiden Name Minnie A. Abrams Mother's Birthplace Bay View

Name of person giving Information Harry E. Abrams How related to deceased Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Myocardial Infarction How long 3 months

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. L. Gifford Address —

Accident or Suicide —

Ebenzer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aiken</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1908	Month	Dec	Day	3
Age	66	Years		Months	
Sex	Male	Color or Race	white	Birth-place	Aiken Ind
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Margaret-a Aiken		
Father's Name	Samuel Aiken		Father's Birthplace	Cecil Co.	
Mother's Maiden Name	Nancy Jackson		Mother's Birthplace	" "	
Name of person giving Information	Samuel Aiken		How related to deceased	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 years</i>
Immediate		How long	

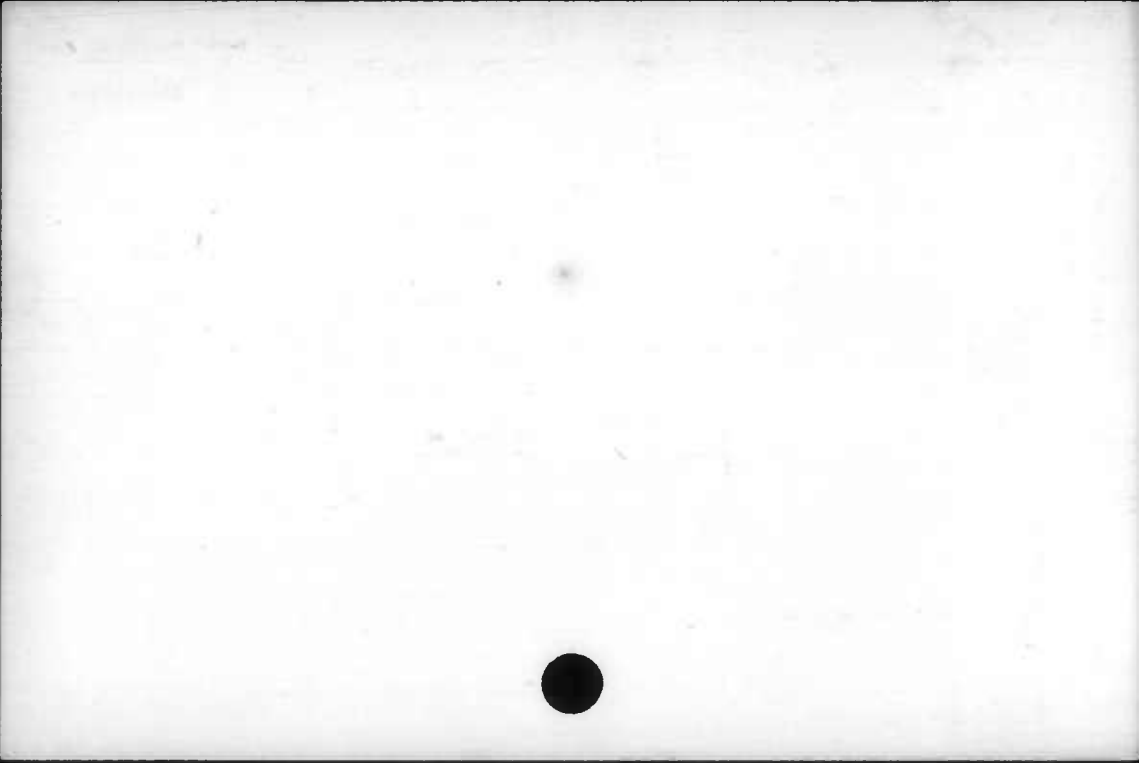
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Geo. M. Stump
Parryville Ind



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A. Alfred Alexander* Town *North East* County *Cecil* MARYLAND
 Died at *North East*
 Date of death 1908 Dec. 26 Age 23 Months 5 Days
 Sex *male* Color or Race *white* Birthplace *North East*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *John A. Alexander* Father's Birthplace *North East*
 Mother's Maiden Name *Lillie M. Luke* Mother's Birthplace *Wilmington Del.*
 Name of person giving information *Lillie M. Alexander* How related to deceased *brother*

CAUSES OF DEATH

Primary _____ How long *61*
 Immediate *Meningitis* How long *5 weeks*
 Are the name, age, sex, color, date and place correctly given above? _____
 Signature of Physician *B. Alexander*
 Address *N. E.*
 Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i>		Town <i>North East</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908 Dec</i>		Month <i>Dec</i>		Day <i>20</i>		Age <i>56</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>North East</i>		Months <i>4</i> Days <i>four</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>John A. Alexander</i>				Father's Birthplace <i>North East</i>			
Mother's Maiden Name <i>Lillie M. Burke</i>				Mother's Birthplace <i>Wilmington Del</i>			
Name of person giving Information <i>Lillie M. Alexander</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

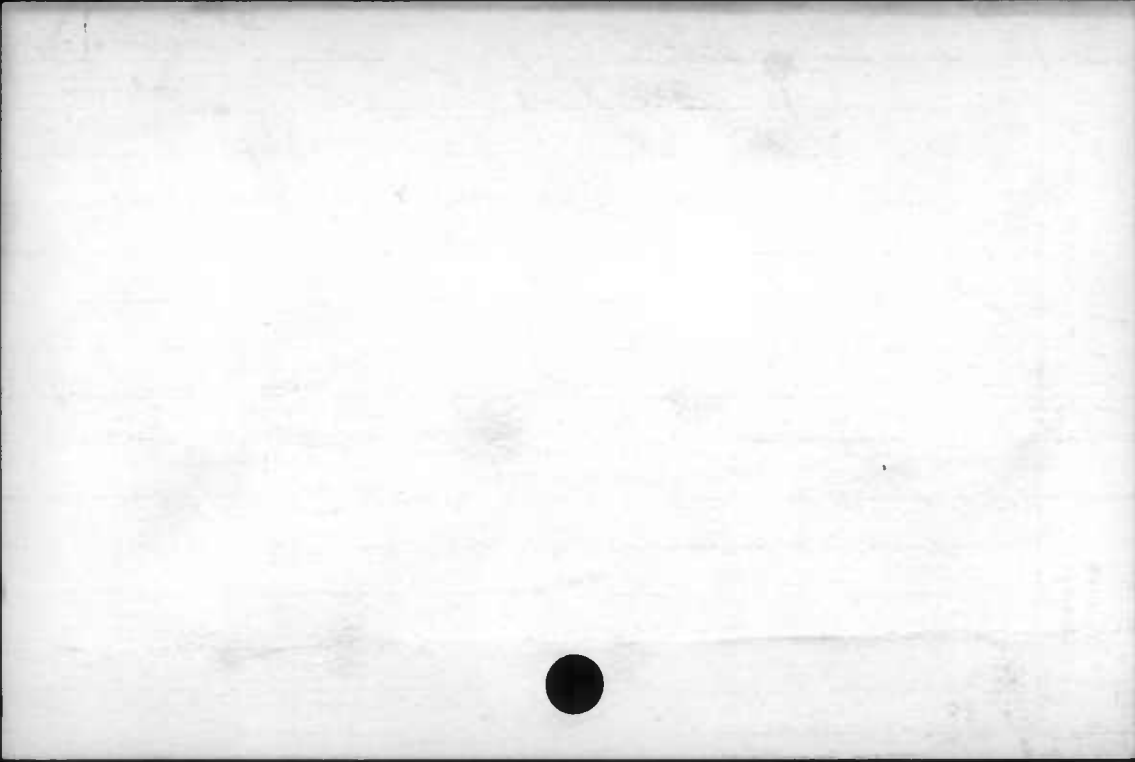
Address

Accident or Suicide

71

How long

How long



Name
in
Full

Florence V Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Kea Earleville* *Caril* County *MARYLAND*Date of death 190 *8* / *12* / *20* Month *20* Day *8* Age *1* Years *8* Months *8* DaysSex *Female* Color or Race *White* Birth-place *Ind-*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Charles H. Bailey* Father's Birthplace *Ind-*Mother's Maiden Name *Emma Lee* Mother's Birthplace *Ind-*Name of person giving Information *Emma Bailey* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pneumonia* *93* How long *10 days*Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. N. Crawford**Leckton Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Anna F. Biggs*

Died at *Fredericktown* ^{Town} *Cecil* ^{County} **MARYLAND**

Date of death 190 *8* ^{Month} *12* ^{Day} *6* ^{Years} *14* ^{Months} *10* ^{Days} *23*

Sex *Female* Color or Race *White* Birth-place *Baltimore, Md*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or Widowed

Name of Wife or
Husband _____

Father's
Name

Samuel W. Biggs

Father's
Birthplace

Cecil Co Md

Mother's
Maiden Name

Sarah A. Johnson

Mother's
Birthplace

Md -

Name of person giving
Information

Rachel F. Schofield

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Tuberculosis, Lungs & Lungs,

How long

4 months

Immediate

Are the name, age, sex, color, data
and place correctly given above?

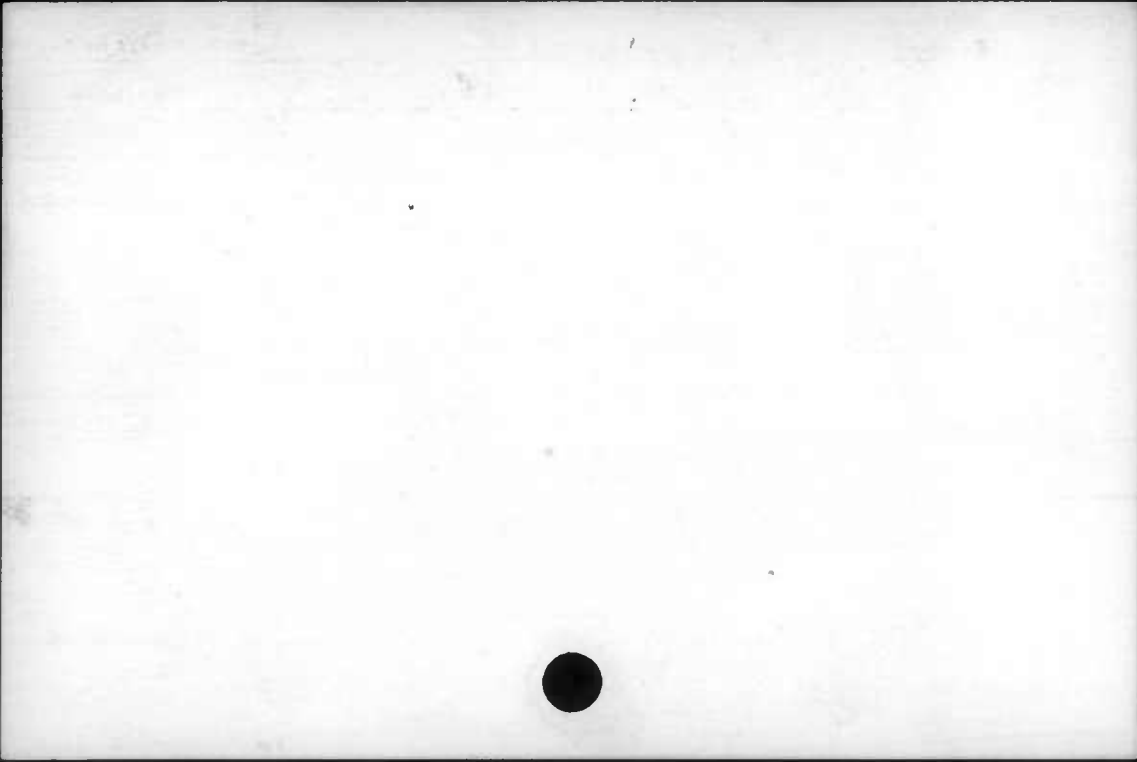
Yes

Signature of
Physician

Address

R. M. Black
Cecil Co Md

Accident or Suicide



Name
in
Full

Infant Not Named Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near Cecilton* ^{County} *Cecil* **MARYLAND**

Date of death *1908* Month *12* Day *22* Age *0* Months *0* Days *21*

Sex *Male* Color or Race *Negro* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Frank Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Emma Moore* Mother's Birthplace *—*

Name of person giving Information How related to deceased

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

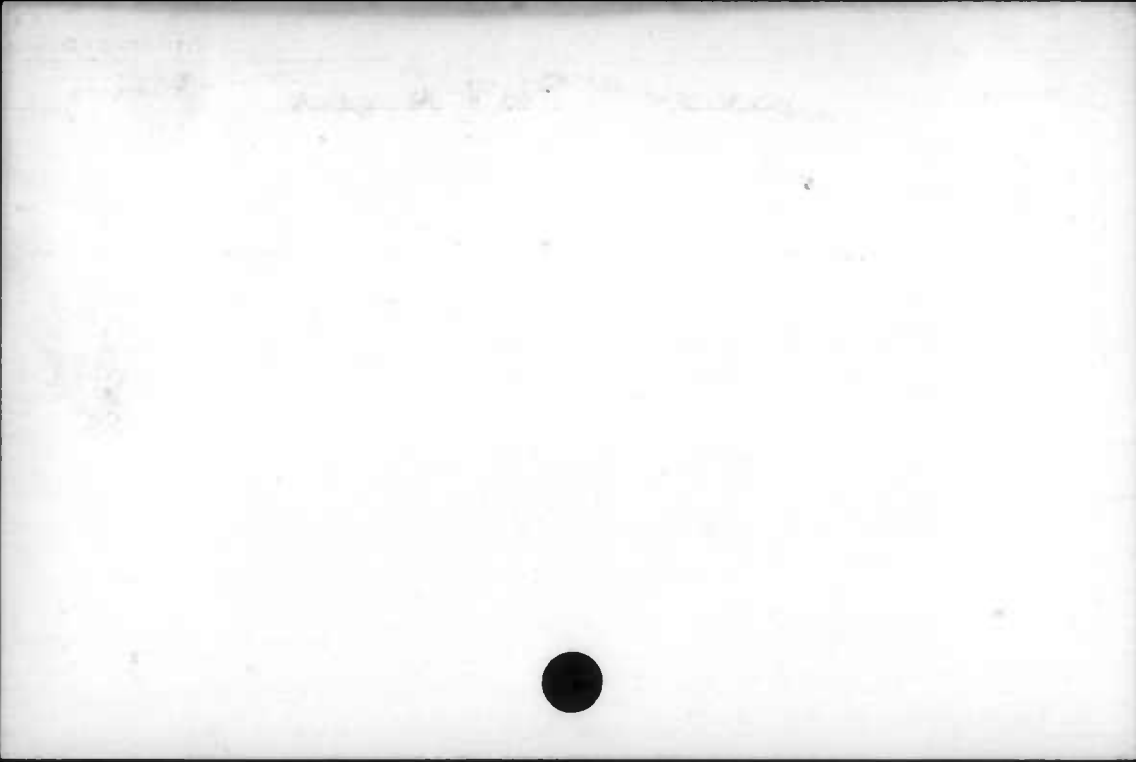
Primary *Premature Birth* How long

Immediate *Not Known* How long

Are the name, age, sex, color, date and place correctly given above? *No Dr in attendance*

Signature of Physician *H Black Sub Reg.* Address *Cecilton Ind*

Accident or Suicide



Name
in
Full

Ann Bucknith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

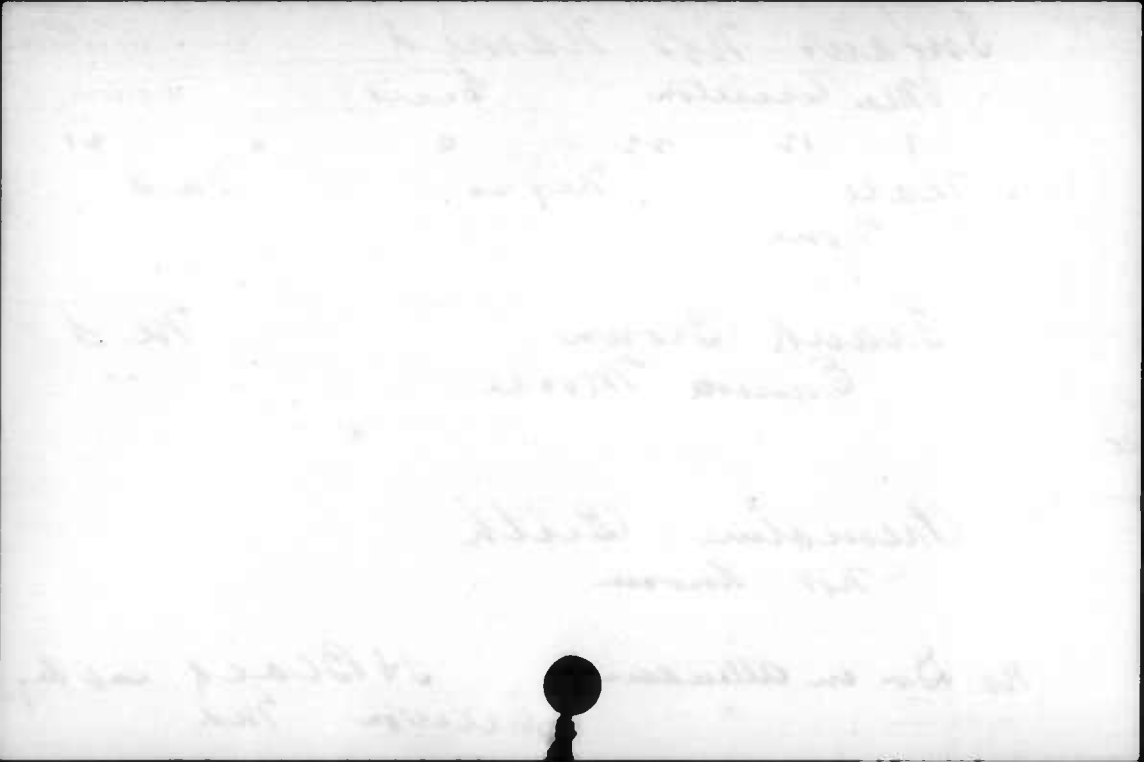
Died at <i>Chesapeake</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>12</i>	Day <i>24</i>	Age <i>76</i>	Months <i>6</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Egg Harbor</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Andrew Gunning</i>	Father's Birthplace <i>-</i>				
Mother's Maiden Name <i>Gunning</i>	Mother's Birthplace <i>-</i>				
Name of person giving Information <i>Mrs. Joshua Hudson</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Gastric ulcer & Cystitis</i>	How long <i>One year</i>
Immediate <i>Inunction, Could not retain food</i>	How long <i>7 to 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. J. Hudson</i>
	Address <i>Chesapeake</i>
Accident or Suicide	



Name
in
Full

Elizabeth A Cameron

CERTIFICATE OF DEATH

Town

County

Died at

Greenhurst

Cecil

MARYLAND

Date

of death

1908

Month

Dec

Day

30

Age

Years

50

Months

7

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Cecil Co

Occupation

None. Lived with brother & sister. Shared in the household work.

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Cameron

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Amelia Thompson

Mother's
Birthplace

Cecil Co

Name of person giving
Information

Kern Cameron

How related
to deceased

brother

CAUSES OF DEATH

81

Primary

Arterio-sclerosis

How long

Some years

Immediate

Heart Failure

How long

Immediate

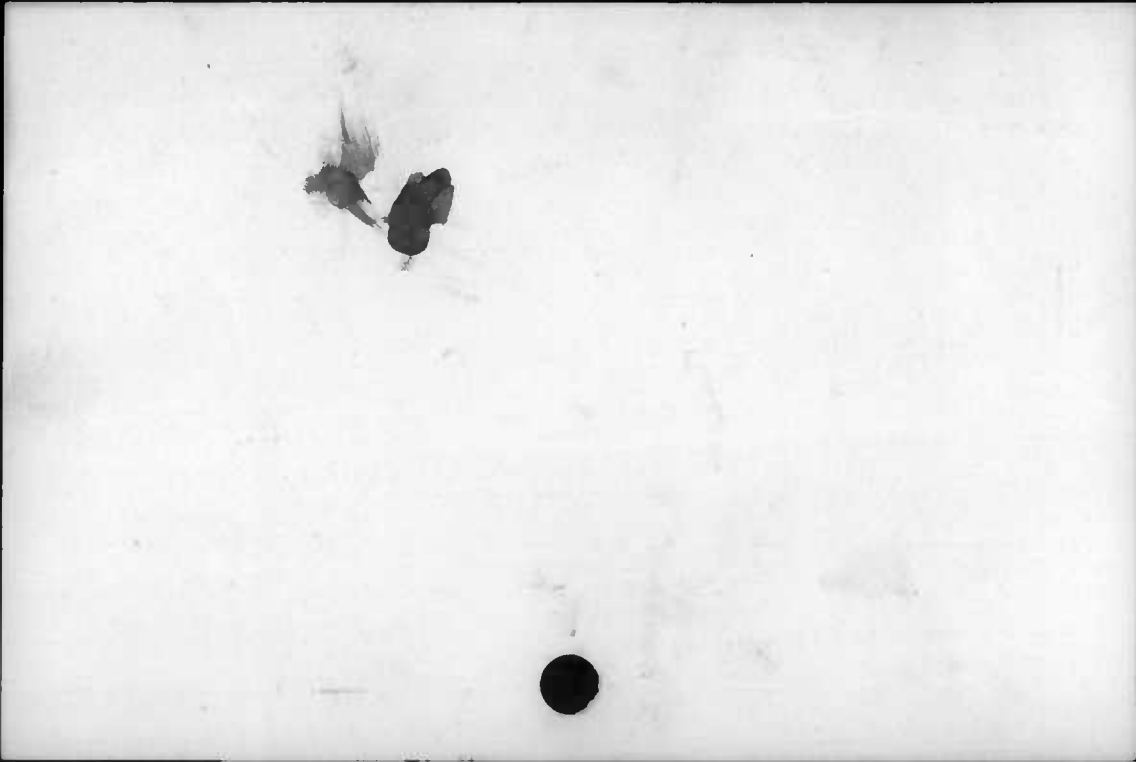
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John St. James
Resingham Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Milven W Harlan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month} <i>Dec</i> ^{Day} <i>13</i>	Age	<i>---</i> ^{Years} <i>---</i> ^{Months} <i>6</i> ^{Days} <i>---</i>		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>North East</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>William J Harlan</i>		Father's Birthplace	<i>North East</i>	
Mother's Maiden Name	<i>Lisabeth Evans</i>		Mother's Birthplace	<i>Harrods Grace</i>	
Name of person giving Information	<i>William J Harlan</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

Primary *Inanition* How long *4 Mos*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

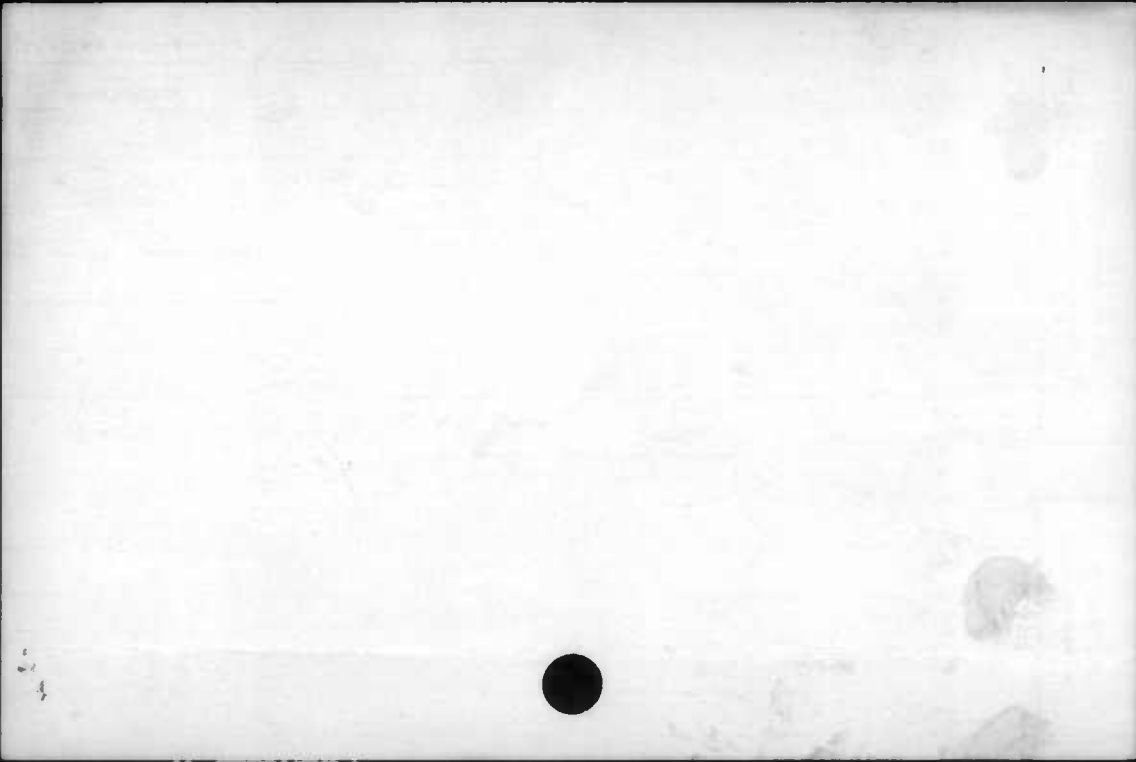
Signature of Physician

Address

Theo. A. Morrall
North East
Med.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Hohn

Died at *Post Deposit*

Town

County

MARYLAND

Date

of death

190

8

Month

12

Day

26

Age

Years

46

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Post Deposit*

Occupation

*Engineer*Where Residing if not
at place of death*Post Deposit*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*David Hohn*Father's
Birthplace*Europe*Mother's
Maiden Name*Mrs Margaret Ramsey*Mother's
Birthplace*unknown*Name of person giving
Information*John A Hohn*How related
to deceased*Brother*

CAUSES OF DEATH

(159)

Primary

Gun Shot

How long

Immediate

yes

How long

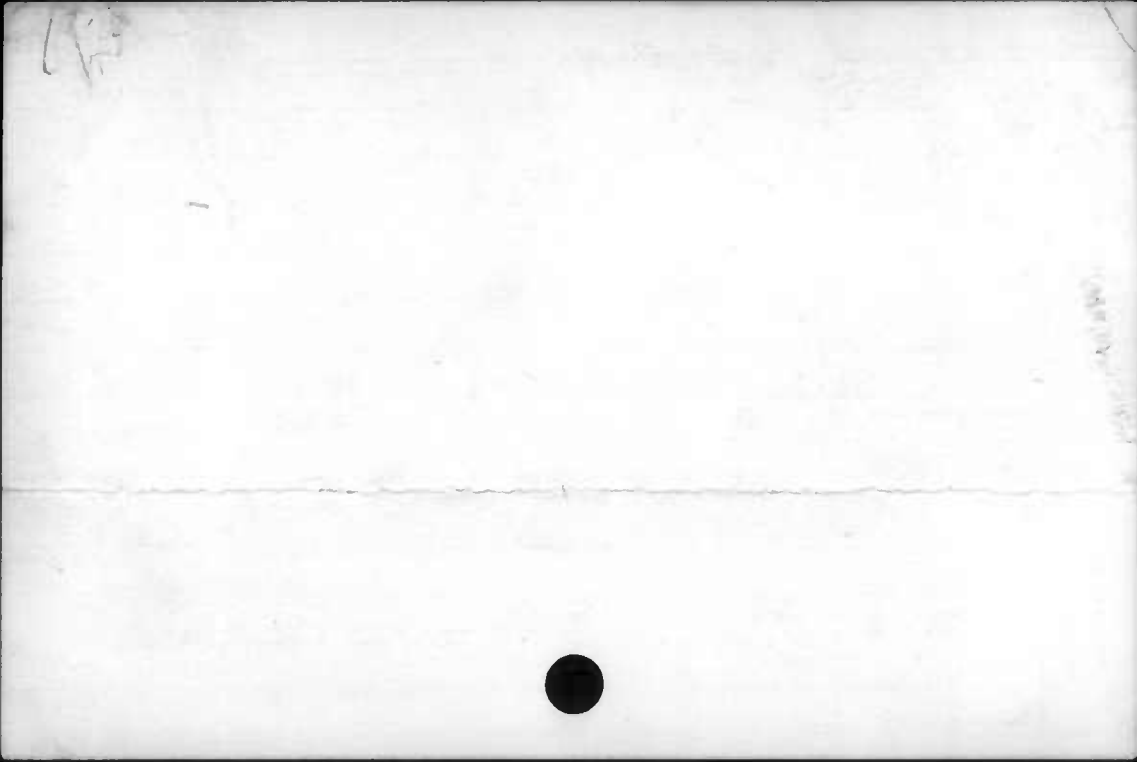
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. Frank Taylor, M.D.
Exton, Md.*PHYSICIAN
OR CORONER

Manner of Death

Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Hyland* County *Cecil* Maryland
 Died at *Cecil* Town *Cecil*
 Date of death 190 *8* Month *12* Day *9* Age *8* Years
 Sex *Male* Color or Race *Black* Birth-place *Ind-*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Christopher Hyland* Father's Birthplace *Ind-*
 Mother's Maiden Name *Mary Perkington* Mother's Birthplace *Ind-*
 Name of person giving Information *Mary Hyland* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Enteric Fever* How long *8 weeks*
 Immediate *Pneumonia* How long *10 days*

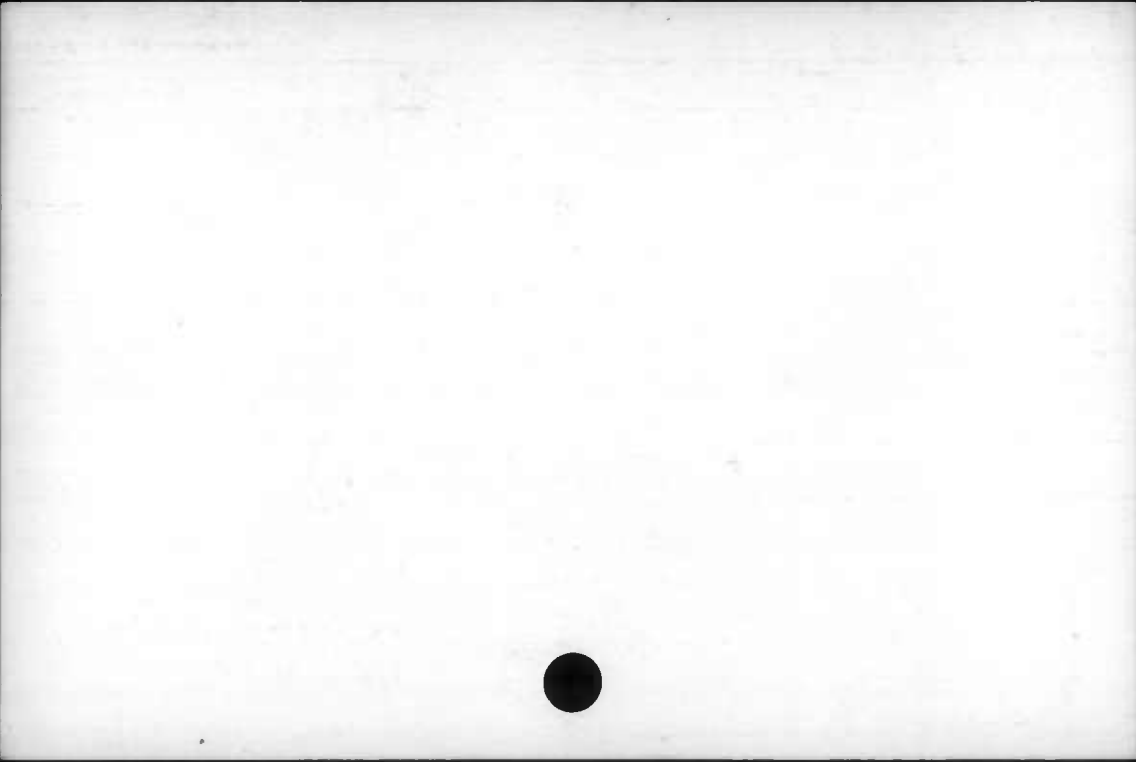
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Alice Anna Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Leeds* Town *Cecil* County
 Date of death *1908* *Dec* Month *10* Day Age *29* Years
 Sex *Female* Color or Race *white* Birth-place *Maryland*
 Occupation *Housework* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *John Lynch* Father's Birthplace *Delaware*
 Mother's Maiden Name *Ellen Adams* Mother's Birthplace *Penna.*
 Name of person giving information *Sarah Crothers* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 years*
 Immediate *Exhaustion* How long
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *O. J. Carries MD*
 Address *Cherry Hill MD*
 Accident or Suicide? *—*

175



Name
in
Full

Agnus Ray McVey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

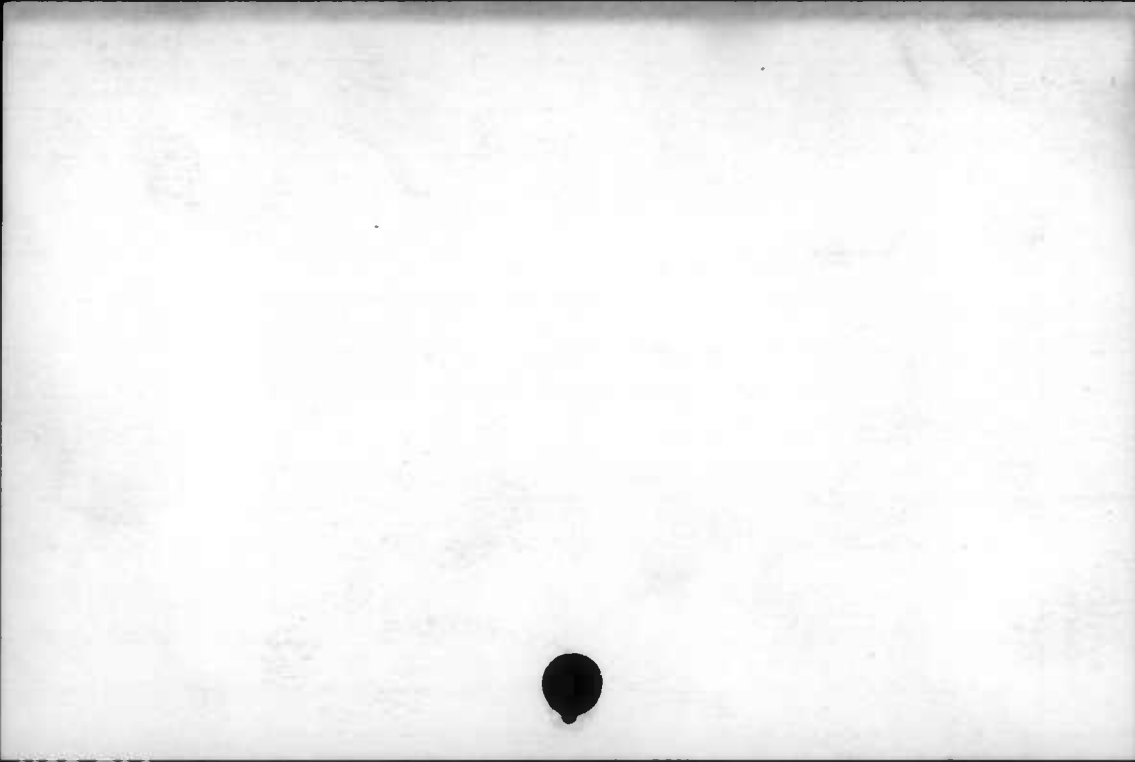
Died at		Town Pleasant Hill.		County Cecil		MARYLAND	
Date of death		190	Month Dec	Day 2	Age 50	Months	Days
Sex Female		Color or Race White		Birth- place Newark Del			
Occupation Wife		Where Residing if not at place of death Pleasant Hill.					
Married, Single or Widowed Married		Name of Wife or Husband Alfred B. McVey.					
Father's Name Forbes Ray		Father's Birthplace Newark Del					
Mother's Maiden Name Kathrine Launny		Mother's Birthplace New Jersey					
Name of person giving Information Mrs Huston		How related to deceased Sister					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	3 days
Immediate	Paralysis	How long	" "
Are the name, age, sex, color, data and place correctly given above? Yes		Signature of Physician Chas. H. Miller,	
		Address North East Md.	
Accident or Suicide			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

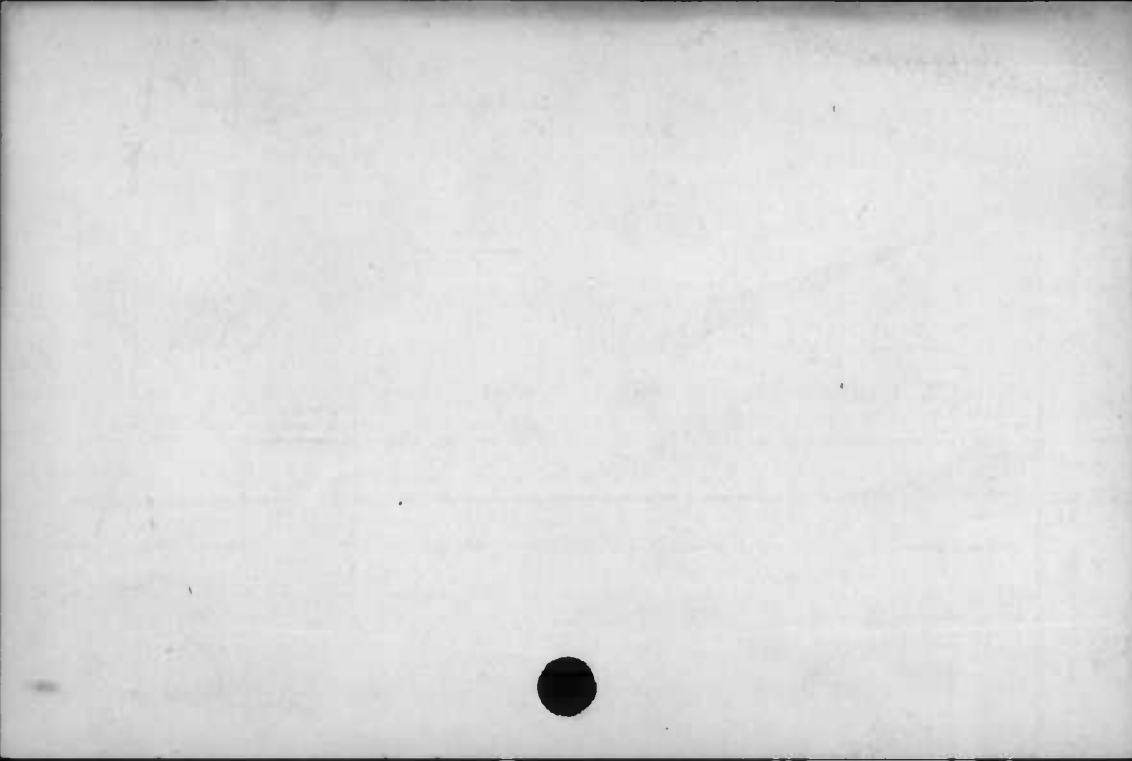
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Gr. Hill on Annapolis</i>		Town <i>Annapolis</i>		County <i>Cecil</i>	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>26</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Annapolis</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>William Mahoney</i>			Father's Birthplace <i>McChances Valley</i>		
Mother's Maiden Name <i>At. Emily Shuman</i>			Mother's Birthplace <i>Farmington</i>		
Name of person giving Information <i>Robert William Mahoney</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Shuman</i>	
		Address <i>Rocky Summit</i>	
Accident or Suicide?		<i>known</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Ott* Town *Providence* County *Beall* **MARYLAND**

Died at *Providence* *Beall*

Date of death 1908 Month *12* Day *9* Age *74* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or ~~Husband~~ *Margaret Hurly*

Father's Name *John Ott* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Weir* Mother's Birthplace *"*

Name of person giving Information *John Ott* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* **66** How long *2 mos*

Immediate *Meningitis* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. P. Carver, M.D.*

Address *Cherry Hill*

Accident or Suicide *md.*

120

Name
in
Full

Nameless Child Pierson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> Town		<u>ecil</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>12</u>	Day <u>29</u>	Age <u>4 days</u>	Years	Months
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Elkton Md</u>			
Occupation <u>-</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Charles Pierson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Nellie Ford</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>12 hours</u>
Immediate	How long
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Arthur Mitchell</u>
	Address <u>Elkton Md</u>
Accident or Suicide <u>-</u>	



Name
in
Full

Matilota Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton Town Carrie County MARYLAND

Date of death 190 8 Month 12 Day 31 Age 73 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Amos Pearson

Father's Name Wm Gilmore Father's Birthplace Ind

Mother's Maiden Name No Information Mother's Birthplace

Name of person giving Information Amos Pearson How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

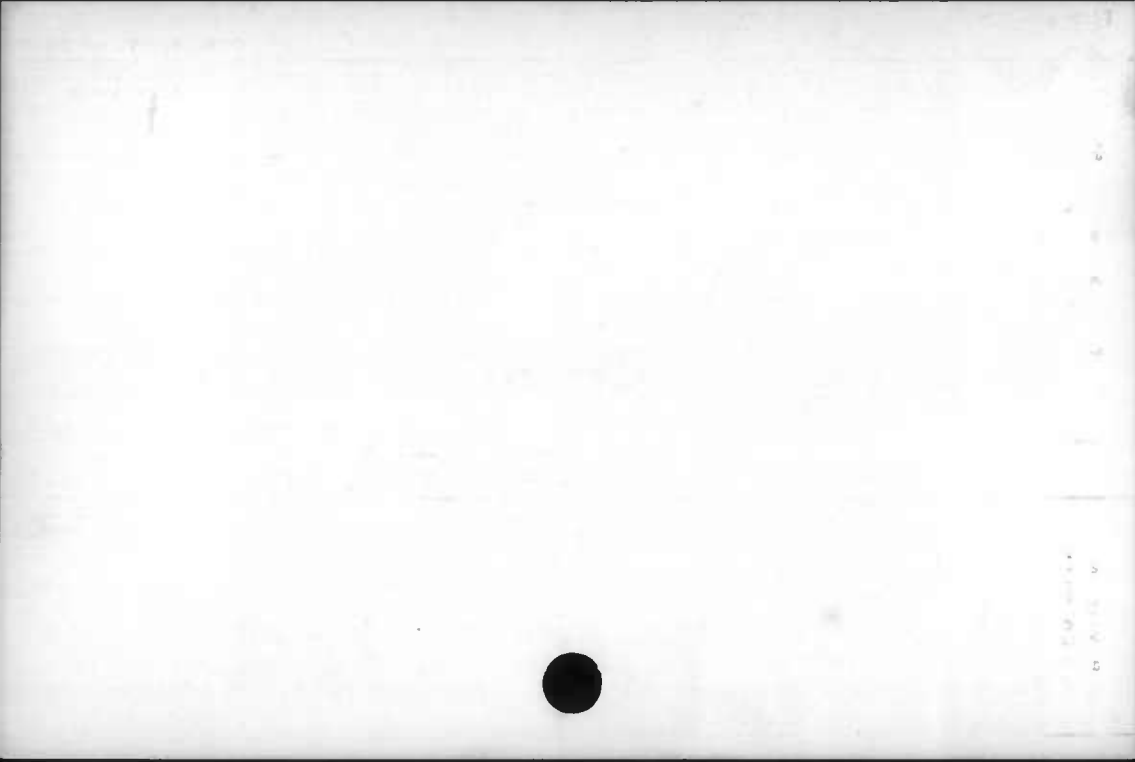
Primary Arterio Sclerosis How long Several years

Immediate Thrombosis How long 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Alvin Mitchell Address Elkton Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Marshall A. Ragan* Town *Crowsing* County *Cecil*Died at *Crowsing*

MARYLAND

Date
of death *1908*Month *12*Day *18*Age *82*Months *9*Days *7*

Sex

*Male*Color or
Race*white*Birth-
place*Cecil Co.*

Occupation

*Farmer*Where Residing if not
at place of death*Crowsing*Married, Single
or Widowed*married*Name of Wife or
Husband*Rachel A Ragan*Father's
Name*William Ragan*Father's
Birthplace*Cecil Co.*Mother's
Maiden Name*Rachel Hartshorn*Mother's
Birthplace*Cecil Co.*Name of person giving
Information*Rachel A Ragan*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Lagripp & Pneumonia

How long

3 wks.

Immediate

Paralysis of Heart

How long

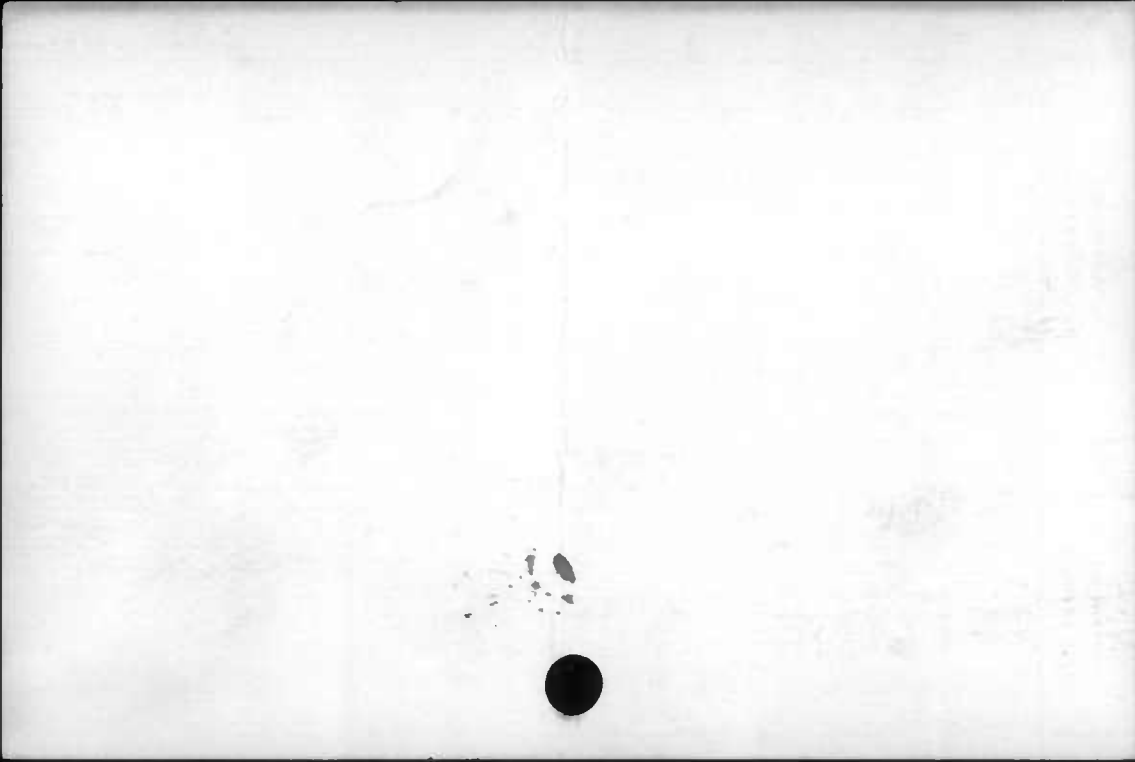
*✓*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*A. M. Ragan*

Address

Crowsing Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Earl Reynolds

Town

County

Died at

Perryville

Cecil

MARYLAND

Date

of death

1908

Month

Dec

Day

26

Age

Years

36

Months

9

Days

Thud

Sex

Male

Color or
Race

White

Birth-
place

Mar. Calvert

Occupation

R.R. Fireman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Reynolds

Father's
Name

Granville T Reynolds

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Ella Kremps

Mother's
Birthplace

" "

Name of person giving
Information

Elizabeth Reynolds

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Malignant-Scarlet Fever

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Geo. M. Stamp

Address

Perryville Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Cartis Clinton Rice

CERTIFICATE OF DEATH

Town

County

Died at

home Howlandville

Cecil Co.

MARYLAND

Date

of death

1908

Month

December

Day

21

Age

Years

18

Months

11

Days

Sex

male

Color or
Race

color

Birth-
place

Cecil Co. Md.

Occupation

labor

Where Residing if not
at place of death

father house

Married, Single
or Widowed

married

Name of Wife or
Husband

Mrs. Sallie Rice

Father's
Name

Samuel W. Rice

Father's
Birthplace

P. A.

Mother's
Maiden Name

Georgeanna Washington

Mother's
Birthplace

Harford Co.

Name of person giving
Information

wife

How related
to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

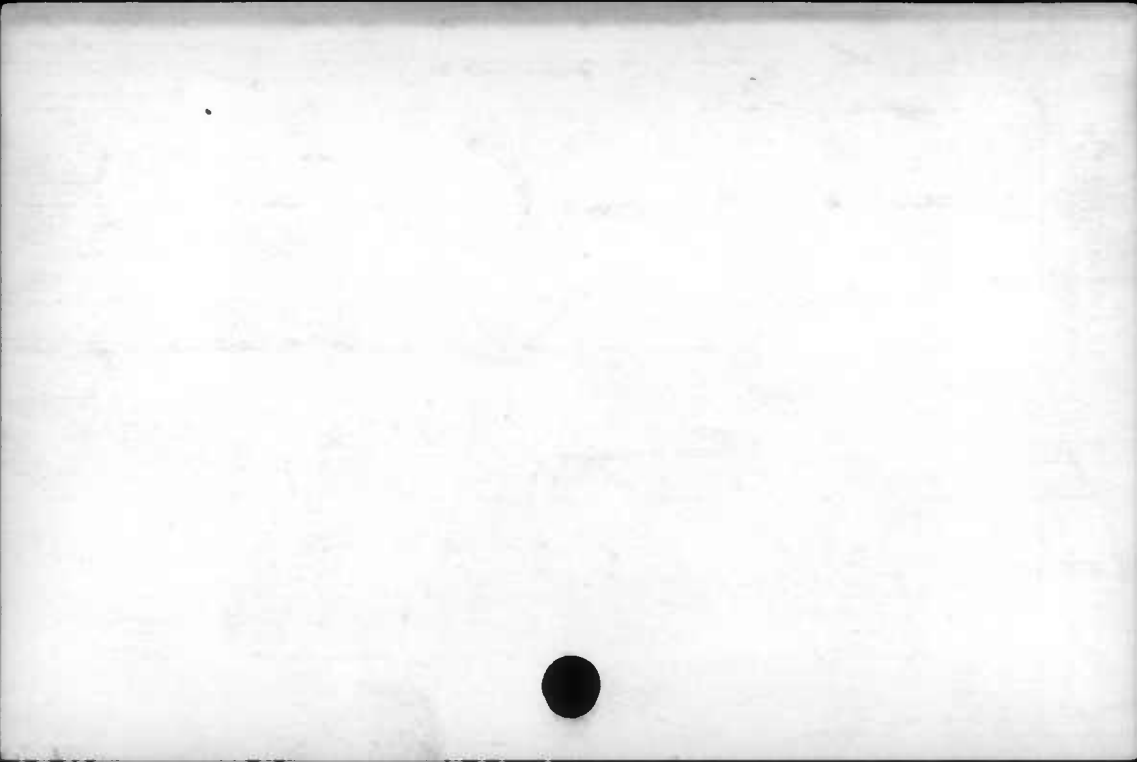
yes

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca L Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North</i> ^{Town} <i>East</i> ^{County} <i>Coan</i>		MARYLAND	
Date of death 190 <i>8</i> <i>12</i> ^{Month} <i>17</i> ^{Day}	Age <i>-</i> ^{Years} <i>6</i> ^{Months}	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>North East</i>	
Occupation <i>- - -</i>	Where Residing if not at place of death <i>- - -</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Joseph J R Russell</i>	Father's Birthplace <i>Bay View</i>		
Mother's Maiden Name <i>Lottie M. Coslett</i>	Mother's Birthplace <i>North East</i>		
Name of person giving Information <i>Alvin L Russell</i>	How related to deceased <i>uncle</i>		

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long <i>one week</i>
Immediate	<i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. A. Russell</i>	Address <i>N. E.</i>
Accident or Suicide	<i>m</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Clara L Trimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pilot Town Loceil County

Date of death 1908 Month Dec. Day 12 Age 56 Years Months 4 Days 2

Sex Female Color or Race White Birth-place Penna.

Occupation House wife Where Residing if not at place of death Pilot

Married, Single or Widowed Married Name of Wife or Husband John Trimble

Father's Name Jerre Musser Father's Birthplace Penna

Mother's Maiden Name Mary Bell Mother's Birthplace 11

Name of person giving information Mary E. Deener How related to deceased Daughter

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

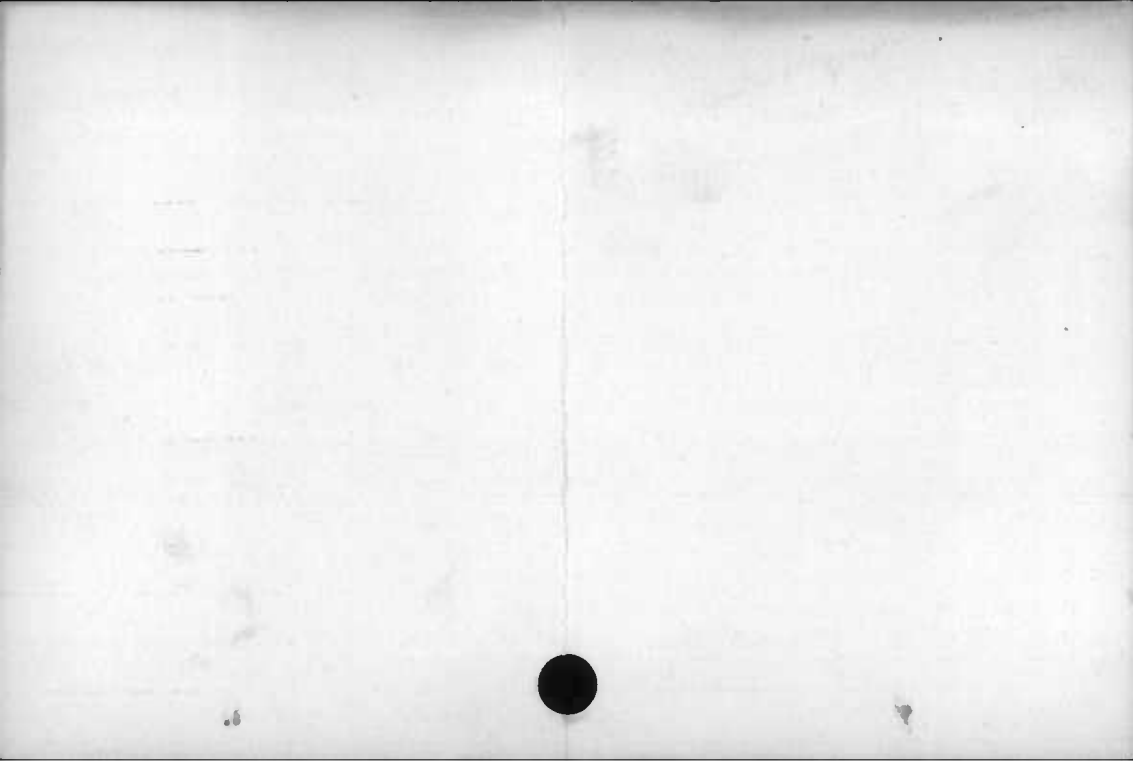
Primary Gangrene of left lower extremity How long Long time, 3 months

Immediate Gangrene of left lower extremity How long 3 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S. T. Roman

Address Bonawingo, Loceil Co Maryland

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

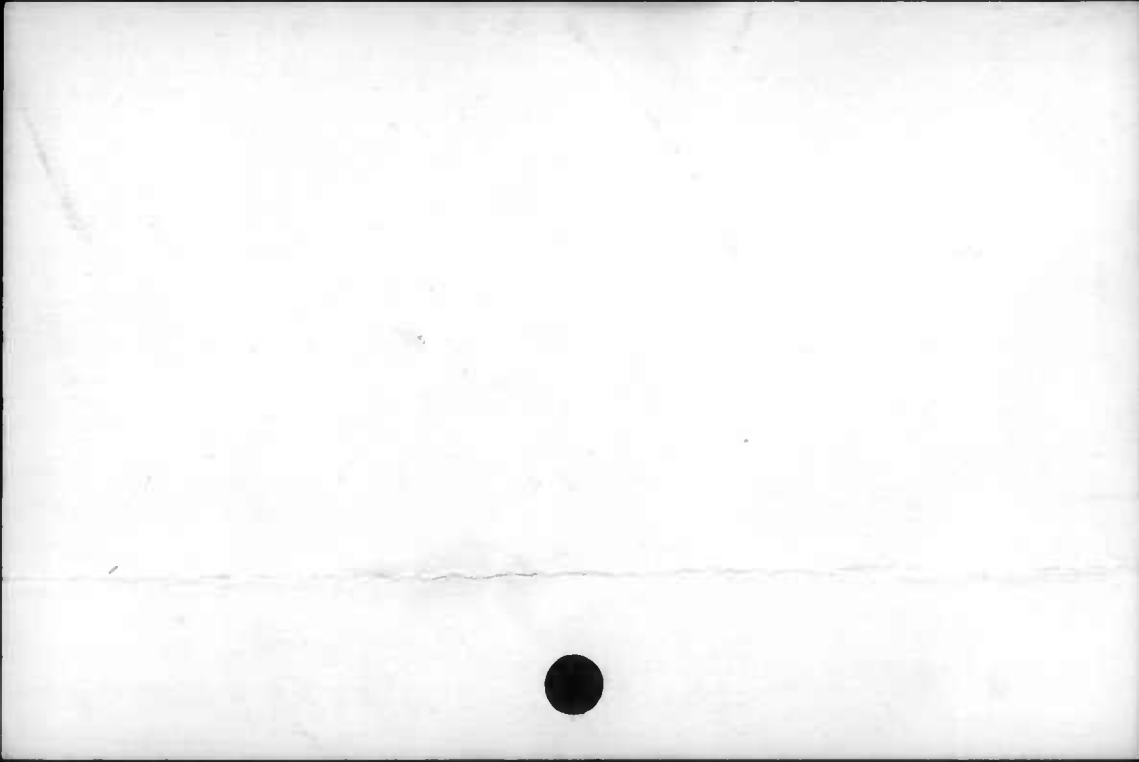
Died at <i>near Calvert</i>		Town <i>Calvert</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1908	Month	Dec.	Day	6	Age	88
						Years	10
						Months	13
						Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Penna.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>near Calvert</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Joseph Miller Brown</i>					Father's Birthplace	<i>Penna.</i>
Mother's Maiden Name	<i>Mary Bean</i>					Mother's Birthplace	<i>Penna.</i>
Name of person giving Information		<i>Mary White</i>		How related to deceased		<i>Daughter</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility from age</i>		How long	<i>9 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W. H. Richardson</i>	
			Address <i>Calvert, Md.</i>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Verna Vance (Verna Vance) **MARYLAND**

Town *Rock Hill* County *Cecil*

Died at *Rock Hill* Month *July* Day *28* Age *49* Month *6* Days *19*

Date of death 1908

Sex *F* Color or Race *B* Birthplace *Rock Hill, Md*

Occupation *None* Where Residing if not at place of death *-*

Married, Single ☒ Widowed Name of Wife or Husband *Eugene Hopkins*

Father's Name *Eugene Hopkins* Father's Birthplace *Md*

Mother's Maiden Name *Logan Baker* Mother's Birthplace *Md*

Name of person giving Information *Mrs. Owen Vance* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Drowning* How long *4 days*

Immediate *Respiratory failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. Dick*

Address *Rock Hill, Md*

Accident or Suicide ☐

Alfred B. Tark

Henry O. Johnson -

Name
in
Full

Edna F. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

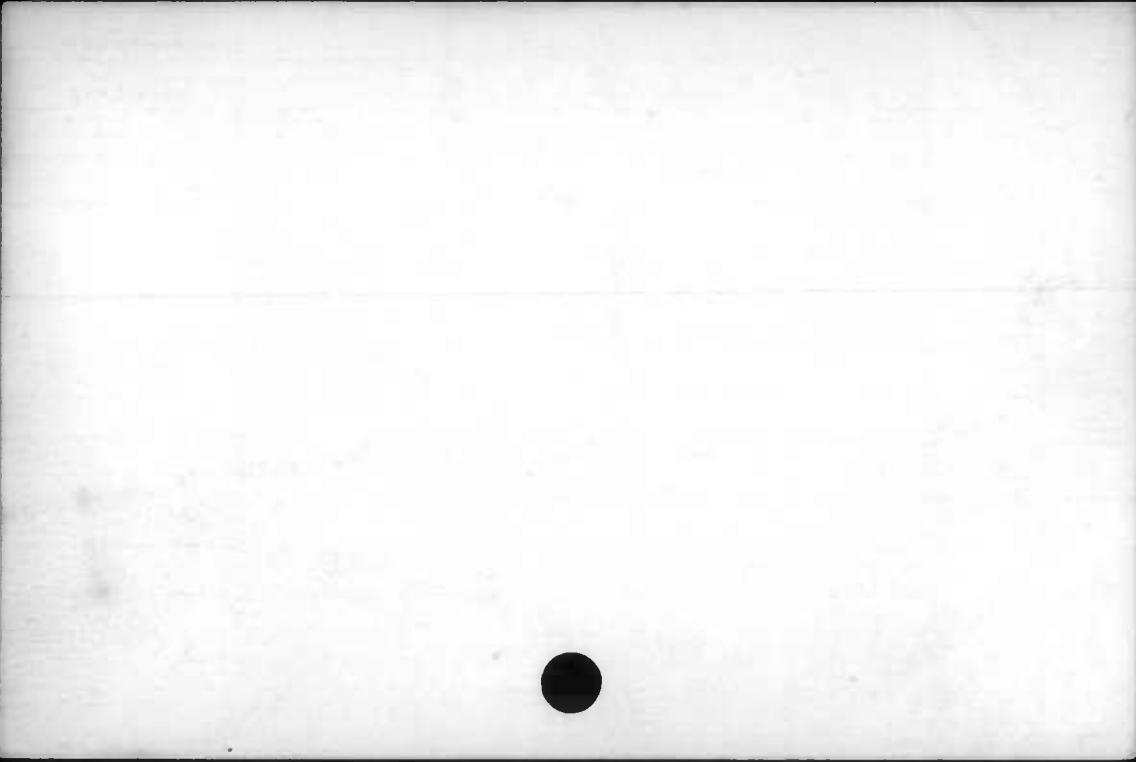
Died at <i>Cecilton</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Dec.</i>		Day <i>14</i>		Years <i>44</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Delaware</i>		Months <i>2</i>		Days <i>21</i>	
Occupation <i>Mill Worker</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Harry F. Walker</i>				Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Ida Dickinson</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>James C. Spear</i>				How related to deceased <i>Sister</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>Indefinite</i>	
Immediate <i>Weakened & Emaciation</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. M. Black</i>	
		Address <i>Cecilton Md</i>	
Accident or Suicide			



Name in Full		Saeii Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chesapeake City		County Cecil		MARYLAND
	Date of death		1908	Month 12	Day 31	Age 57	Years 57
	Sex Female		Color or Race Colored		Birth-place Dont know		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name Benjamin Wallace		Father's Birthplace Dont know				
PHYSICIAN OR CORONER	Mother's Maiden Name Maria August		Mother's Birthplace Dont know				
	Name of person giving information Jacob Wallace		How related to deceased Son				
	CAUSES OF DEATH						43
	Primary Carcinoma of breast		How long				
Immediate Carcinoma of breast		How long					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. L. Laws M.D.			
				Address Chesapeake City Md.			
Accident or Suicide?							



Name
in
Full

Henry White man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

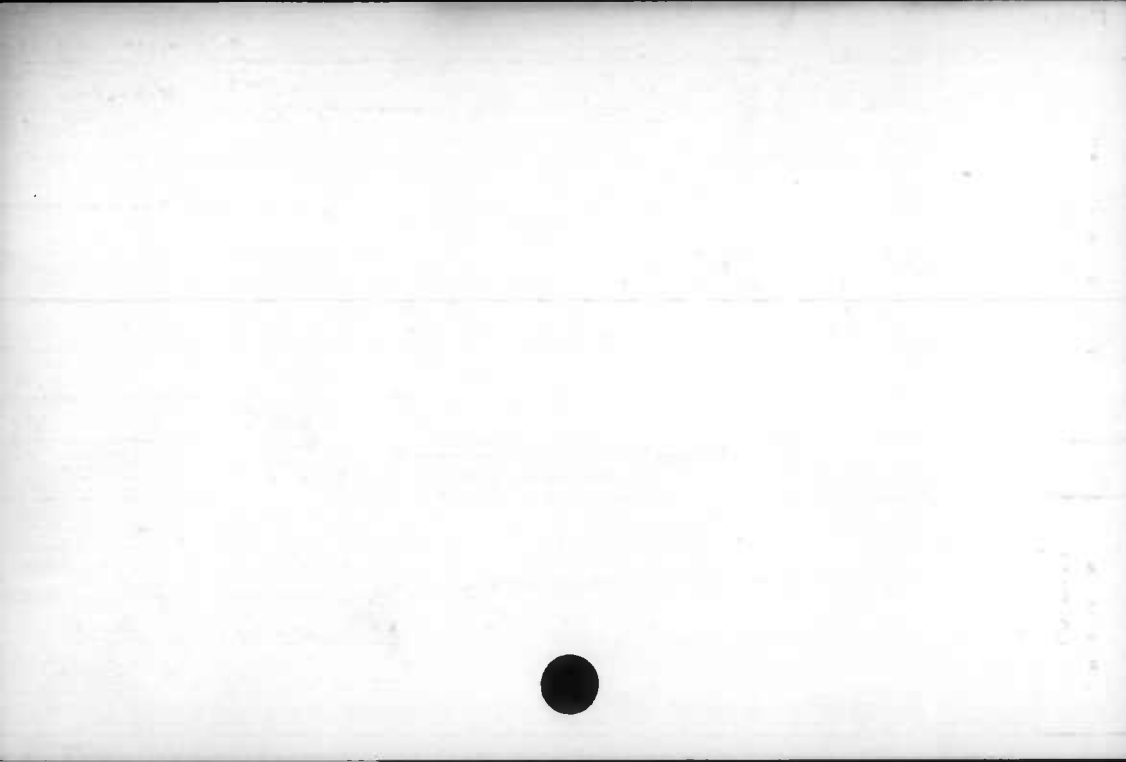
Died at <u>Elkton</u>		County <u>Cecil</u>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1908	12	31	about 55 years		
Sex	Color or Race	Birthplace			
Male	White	Md			
Occupation	Where Residing if not at place of death				
Laborer					
Married, Single or Widowed	Name of Wife or Husband				
Married	Mary White man				
Father's Name	Father's Birthplace				
Lemuel White man	Df				
Mother's Maiden Name	Mother's Birthplace				
Helen Livingston	Md				
Name of person giving Information	How related to deceased				
Mrs O B Gales	Niece				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Inflammation	How long	6 mo.
Immediate	Heart disease	How long	Some weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Yes	H. Arthur Mitchell	Elkton Md	
Accident or Suicide			



Name in Full		CERTIFICATE OF DEATH			
Enos Paul Whiteoak		Town Chesapeake City		County Cecil	
Died at		MARYLAND			
Date of death		190	Month Dec	Day 4	Age
Sex male		Color or Race White		Birth-place Chesapeake City	Months 10
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband Harrison Whiteoak			
Father's Name William H. Whiteoak		Father's Birthplace Chesapeake City Maryland			
Mother's Maiden Name Sarah Hood		Mother's Birthplace " "			
Name of person giving information Sarah Whiteoak		How related to deceased Mother			
CAUSES OF DEATH					
Primary Pneumonia		How long 7 days			
Immediate Cerebral Meningitis		How long 24 hrs			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Conley M.D.			
		Address Chesapeake City Md			
Accident or Suicide?					

